

CENTRAL PIMA REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

Despite the infrastructure for early childhood and health services in the Central Pima region, many young children, their families and early care and education professionals are not able to access or benefit from a multitude of support services. For example, young children and their families face issues that pertain to accessibility to high quality care settings including infant and toddler care and decreased access to health based support. In addition to the barriers young children and their families face, the early care and education workforce faces significant obstacles to retain high quality and educated professionals, including low teacher pay, high turnover rates and decreased professional development opportunities.

To facilitate community driven planning, the Central Pima Regional Partnership Council broke into small task groups and hosted community forums to hear input from community stakeholders. Community forums were held around four of the FTF Goal Areas: Quality and access, health, professional development and family support. Strategy workgroups also formed to identify coordination and communication needs and assets. Pre-existing resources and services were identified in addition to community identified needs and gaps through these community conversations. Central Pima Regional Partnership Council members researched and identified additional needs and assets in the region in addition to the community forums. Beyond the scope of programs and resources Central Pima County offers, several Central Pima Regional Partnership Council members researched social service models, such as the Child Care Mental Health Consultation Model that have been successfully implemented in other states.

As a result of the research conducted by Regional Partnership Council members and the community forums, several critical areas of need materialized. The population growth rate for children birth-5 in Pima County represents an 18% increase in this age group; however the number of high quality early care and education settings has not expanded to accommodate this growth. Although 27% of the birth-5 population is enrolled in an early care and education setting, only 2,500 individual children benefits from an accredited setting in Central Pima County.

Through a health community forum and subsequent research conducted by Regional Council members, another aspect identified was the severe discrepancy in health services to support young children. For example, Arizona Department of Health Services reports only 59.4% of two year olds were properly immunized in 2003. Additionally, there seemed to be a significant need for families who are experiencing high risk social situations such as: the 26% of Tucson families who fall 100% or below the federal poverty line (Kids Count 2007), pregnant teens, single-parent families, children without any type of health insurance and children who have special medical needs. These categories represent a significant number of families who are in need of considerable health related support. Because of this, the Regional Council was lead to explore a Nurse Visitor Community Health model for the region. In this

model, a health care professional has the opportunity to connect in an on-going, relationship-based manner in support for families with high risks. Another example, depending upon ethnicity, are the 24%-32% of women in the region who do not access prenatal care and could be encouraged early-on to care for their child's health by caring for themselves during pregnancy.

The early childhood education and care workforce in Central Pima County faces several key challenges associated with the retention of quality professionals, professional development and educational opportunities, which were repetitively identified through the community forum dialogs. Approximately 4,500 early care and education professionals are employed throughout Pima County, with the majority of professionals working within the area that encompasses the Central Pima region. In 2007, 20% of teachers and 10% of teaching assistants within Central Pima have a Bachelor's degree, while only 8% of teachers and 6% of teaching assistants have a Child Development Associate Credential (CDA). Attracting and retaining well educated and qualified professionals to early childhood education poses a challenge when the average annual salaries for the field are far below the median salary in the region. These challenges require innovative solutions to address the needs of the workforce.

The Central Pima Regional Partnership Council has also noted the lack of public awareness and investment in early childhood issues within the region, in addition to fragmented and often complicated methods of service delivery. With the continued community participation and opportunity to collaborate cross-regionally with other FTF Regional Partnership Councils, Central Pima has committed to supporting advocacy efforts to increase public awareness and improve coordination among services for young children and families throughout the region and state.

Based upon the strategic planning process noted above, the Central Pima Regional Partnership Council has prioritized the following needs to address over the next three years:

1. Limited access to high quality early care and education programs and settings that provide an individualized continuum of support.
2. Limited access to literacy based support services.
3. Lack of professional development opportunities tied to college credit.
4. Lack of highly qualified professionals to serve all children birth through age five.
5. Limited access to quality health care services for high risk families.
6. Limited access to high quality early care and education programs and settings that provide an individualized continuum of care.
7. Limited access to access to comprehensive family education and support services.
8. Lack of highly qualified professionals to serve all children birth through age five.

9. Inadequate number of professionals to address the behavioral health needs to young children.
10. Limited access to parent education and information.
11. Limited access to high quality early care and education programs and settings that provide an individualized continuum of support.
12. Limited knowledge by the community of the importance of early childhood health and development.

II. Prioritized Goals and Key Measures

Need: Limited access to high quality early care and education programs and settings that provide an individualized continuum of support.

Goal: (1) FTF will improve access to quality early care and education programs and settings.
(2) FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Total number of children enrolled in early care and education programs participating in the QIRS system.
- Total number and percentage of early care and education programs participating in the QIRS system.

Need: Limited access to literacy based support services.

Goal: (1) FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participating in the QIRS system.
- Total number of children enrolled in early care and education programs participating in the QIRS system.
- Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale.
- Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating scale.

Need: Lack of professional development opportunities tied to college credit.

Goal: (8) FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Total # and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development.
- Total # and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate or degree.

Need: Lack of highly qualified professionals to serve all children birth through age five.

- Goal:** (8) FTF will build a skilled and well prepared early childhood development workforce.
(8a) Establish and coordinate the implementation of a comprehensive statewide scholarship system to improve quality in the professional workforce.
(9) FTF will increase retention of early care and education workforce.

Key Measures:

- Retention rates of early childhood development and health professionals.
- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development.
- Total number and percentage of professionals working early care and education who are pursuing a credential, certificate or degree.

Need: Limited access to quality health care services for high risk families.

- Goal:** (4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Total number and percentage of children with health insurance.
- Total number and percentage of children receiving appropriate and timely well-child visits.

Need: Limited access to high quality early care and education programs and settings that provide an individualized continuum of care.

- Goal:** (1) FTF will improve access to quality early care and education programs and settings.
(2) FTF will increase availability and affordability of early care and education settings.

Key Measures:

- # of licensed spaces for target populations.
- # of spaces for target populations meeting Quality First! three star measures.

Need: Limited access to comprehensive family education and support services.

Goal: (11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.
- Percentage of families of children birth who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.

Need: Lack of highly qualified professionals to serve all children birth through age five.

Goal: (9) FTF will increase retention of the early care and education workforce.
(8) FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Retention rates of early childhood development and health professionals.
- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Need: Inadequate number of professionals to address the behavioral health needs of young children.

Goal: (1) FTF will improve access to quality early care and education programs and settings.
(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Total number and percentage of children receiving appropriate and timely well-child visits.
- Ratio of children referred and found eligible for early intervention.

Need: Limited access to parent education and information.

- Goal:** (11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
- (12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child on child development and health.

Need: Limited access to high quality early care and education programs and settings that provide an individualized continuum of support.

- Goal:** (1) FTF will improve access to quality early care and education programs and settings
- (3) FTF will increase availability and affordability of early care and education settings

Key Measures:

- Total number of early care and education programs participating in QIRS system
- Total number and percentages of early care and education programs participating in QIRS system with high level of quality as measured by environmental rating scale.
- Total number of children enrolled in early care and education programs participating in QIRS system

Need: Limited knowledge by the community of the importance of early childhood health and development.

- Goal:** (15) FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who report that early childhood development and health issues are important.
- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters.
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.

III. Strategy Selection

Identified Need	Goal(s)	Key Measure(s)	Strategy
Limited access to high quality early care and education programs and settings that provide an individualized continuum of support.	(1) FTF will improve access to quality early care and education programs and settings. (2) FTF will increase availability and affordability of early care and education settings.	- Total number of children enrolled in early care and education programs participating in the QIRS system. -Total number and percentage of early care and education programs participating in the QIRS system.	Expanding the number of child care centers/family child care homes in the Central Pima County region participating in Quality First! beyond the statewide funded number. Service Number: 40 early care and education programs
Limited access to literacy based support services.	(1) FTF will improve access to quality early care and education programs and settings.	-Total number of early care and education programs participating in the QIRS system. -Total number of children enrolled in early care and education programs participating in the QIRS system. -Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale. -Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating scale.	To provide language and literacy coaches to work in coordination with QF! Coaches for the purpose of improving language and literacy and increase program measurement on the CLASS Scale. Service Number: 23 early care and education programs
Lack of professional development opportunities tied to college credit.	(8) FTF will build a skilled and well prepared early childhood development workforce.	-Total # and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development. -Total # and percentage of professionals working in	Innovative strategies to support professional development opportunities that bring subject matter experts (i.e. visiting faculty, published authors, researchers, etc.) to Central Pima Region early childhood educators, with potential for cross-regional collaboration.

		early childhood care and education who are pursuing a credential, certificate or degree.	These professional development opportunities are tied to college credit with academic support and consultation by an early childhood faculty representative from a higher education institution, such as a local university or community college. Service Number: 1150 early childhood educators
Lack of highly qualified professionals to serve all children birth through age five	(8) FTF will build a skilled and well prepared early childhood development workforce. (8a) Establish and coordinate the implementation of a comprehensive statewide scholarship system to improve quality in the professional workforce. (9) FTF will increase retention of early care and education workforce.	-Retention rates of early childhood development and health professionals. -Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development. -Total number and percentage of professionals working early care and education who are pursuing a credential, certificate or degree.	Establish and coordinate the implementation of a comprehensive statewide scholarship system to improve quality in the professional workforce by funding additional T.E.A.C.H. scholarships beyond those provided through the participation in Quality First! T.E.A.C.H. components include scholarships, college coursework, compensation after completing coursework and a commitment to stay in the child care program. Service Number: 300 scholars
Limited access to quality health care services for high risk families.	(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	-Total number and percentage of children with health insurance. -Total number and percentage of children receiving appropriate and timely well-child visits.	Implementation of a Nurse Family Visitor/Community Health Worker program home visiting program to support high risk families, including pregnant women, through home-based support and transportation assistance to at-risk families who exhibit difficulty in getting their children (prenatal-5) to medical related appointments. Service Number: 500 families

			through visitation, 7500 through transportation
Limited access to high quality early care and education programs and settings that provide an individualized continuum of care.	(1) FTF will improve access to quality early care and education programs and settings. (2) FTF will increase availability and affordability of early care and education settings.	-# of licensed spaces for target populations. -# of spaces for target populations meeting Quality First! three star measures.	Increase the number of high quality infant, one year old and special needs spaces available in child care centers, group homes and family child care homes by providing funding for strategic planning, renovation and expansion of early care settings. Service Number: 8 early care and education programs (100 slots for infant/toddlers)
Limited access to comprehensive family education and support services.	(11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	-Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being. -Percentage of families of children birth who report they maintain language and literacy rich home environments. -Percentage of families with children birth through age five who report reading to their children daily in their primary language.	Expand facility-based and home-based home visitation programs that take a guided learning approach to parent education and support. Increase outreach and enrollment assistance for public health insurance to eligible but not yet enrolled families, with the potential to cross-regionally collaborate. Service Number: 250 families
Lack of highly qualified professionals to serve all children birth through age five	(9) FTF will increase retention of the early care and education workforce. (8) FTF will build a skilled and well prepared early childhood development workforce.	-Retention rates of early childhood development and health professionals. -Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. -Total number and percentage of professionals working in early childhood care and education who are	Implement a wage compensation program tied to T.E.A.C.H. Early Childhood Arizona scholars' completion of early childhood education degree (such as WAGE\$). Service Number: 225 early childhood professionals

		pursuing a credential, certificate, or degree.	
Inadequate number of professionals to address the behavioral health needs to young children.	<p>(1) FTF will improve access to quality early care and education programs and settings.</p> <p>(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<p>-Total number and percentage of children receiving appropriate and timely well-child visits.</p> <p>-Ratio of children referred and found eligible for early intervention.</p>	<p>Increase behavioral health services and implement a Child Care Mental Health Consultation Program.</p> <p>Service Number: 25 early care and education programs</p>
Limited access to parent education and information.	<p>(11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>(12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>-Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child on child development and health.</p> <p>- Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well being</p>	<p>Expand information, such as additional local information and resources to be included in Parent Kit.</p> <p>Service Number: 13,000 families with a newborn child</p>
Limited access to high quality early care and education programs and settings that	(1) FTF will improve access to quality early care and education programs and settings	<p>-Total number of early care and education programs participating in QIRS system</p> <p>-Total number and percentages of early care</p>	FTF will provide resources and support to currently accredited centers, who are participating in Quality First! or who have committed to participating in the initial

Central Pima Regional Partnership Council
Regional Council 2010 Allocation: \$7,598,625

provide an individualized continuum of support.	(3) FTF will increase availability and affordability of early care and education settings	and education programs participating in QIRS system with high level of quality as measured by environmental rating scale. -Total number of children enrolled in early care and education programs participating in QIRS system	round of rating through the QIRS, to maintain their high level of quality. Service Number: 25 early care and education programs
Limited knowledge by the community of the importance of early childhood health and development.	(15) FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	-Percentage of Arizonans who report that early childhood development and health issues are important. -Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters. -Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.	Work in partnership with the Southeast Regional Partnership Councils and FTF Board to implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities. Service Number: To Be Determined

Strategy Worksheet

Strategy 1: Expanding the number of child care centers/family child care homes in the Central Pima County region participating in *Quality First!* beyond the statewide funded number.

With 27% of young children within Central Pima enrolled in an early care and education setting, the quality of programs is drastically important. There are currently 179 licensed centers, 63 group homes, 235 approved family child care homes and 17 family child care providers who are registered with Child Care Resource & Referral. Of the 11,566 children enrolled in an early care and education setting, only 2,500 benefits from an accredited setting in Central Pima County.

Research conducted in 5 states with long-term quality improvement and rating systems, e.g. CO, NC, PA, TN and OK, show significant improvement in the quality of programs/settings participating in quality improvement and rating systems. Research also shows that children who are considered low income receive a higher level of benefit (i.e. school performance and other at-risk factors) from quality early care and education programs than children with higher income levels.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Fifteen percent of early care and education centers and less than 1% of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre² and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems and another 30 states have local pilots or are developing their systems.

Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation⁵ suggests that the quality indicators which produce child outcomes measure not only the quality of the environment, but also the quality of interactions, in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*

The Central Pima Regional Partnership Council acknowledges the value in early care and education programs that are currently accredited and has allocated additional *Quality First!* slots to ensure these programs sustain their high quality status.

- ¹ Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)
- ² Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center
- ³ Norris, D., Dunn, L., & Eckert, L. (2003). *"Reaching for the Stars" Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.
- ⁴ LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.
- ⁵ Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

1. Total number of children enrolled in early care and education programs participating in the QIRS system
2. Total number and percentage of early care and education programs participating in the QIRS system

Target Population: Early care and education settings that are interested in participating in *Quality First!*

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	10 Family Child Care Homes, 25 Group Homes or Child Care Centers and up to 5 Currently Accredited Settings	10 Family Child Care Homes, 25 Group Homes or Child Care Centers and up to 5 Currently Accredited Settings	10 Family Child Care Homes, 25 Group Homes or Child Care Centers and up to 5 Currently Accredited Settings

Performance Measures SFY 2010-2012:

1. # of ethnic low socio-economic level children at early care centers/Actual service #
2. # of centers served/41 Family Child Care Homes, Group Homes and Centers
3. # of children served at target quality level/40 Family Child Care Homes, Group Homes and Centers
4. # of centers moving from 1 star rating to 3 star rating/40 Family Child Care Homes, Group Homes and Centers
5. # of quality early care and education programs increasing score/40 Family Child Care Homes, Group Homes and Centers

- How is this strategy building on the service network that currently exists:

This proposed expansion, in July 2009, more than doubles the number in early care and education settings participating in *Quality First!* Locally, the Tucson *First Focus on Quality* piloted a program with 46 child care programs participating.

- What are the opportunities for collaboration and alignment:

This strategy clearly aligns with the statewide strategy since it expands on that system. Through the components of *Quality First!*, collaborations among agencies offering the supports will be expanded and improved. In addition, North and South Pima Regional Partnership Councils have identified this strategy in their strategic directions, which provides an opportunity for cross-regional collaboration.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$1,174,300
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Budget Justification:

Non-Accredited Centers Enrolled in Quality First!

Total funds allocated: \$1,020,300*

**The figures are based on an approximate number of early care and education settings. The actual cost for funding the below early care and education settings would cost \$1,020,125, with a difference of \$175.00.*

Please note: The approximation of cost per setting has been determined by FTF

Approximately 10 Family Homes X \$22,950 = \$229,500

Approximately 11 Small Centers/Group Homes X \$29,625 = \$325,875

Approximately 11 Medium Centers X \$32,125 = \$353,375

Approximately 3 Large Centers X \$37,125 = \$111,375

Accredited Centers Enrolled in Quality First!

Please note: The approximation of cost per setting has been determined by FTF

Total funds allocated: \$154,000

Approximately 1 Currently Accredited Family Child Care Home X \$22,950 = \$22,950

Approximately 1 Small Centers/Group Homes X \$29,625 = \$29,625

Approximately 2 Medium Child Care Centers X \$32,125 = \$64,250

Approximately 1 Large Child Care Centers X \$37,125 = \$37,125

Please note: The Central Pima Regional Partnership Council elected to utilize flat funding for this strategy. FY10 will be gauged on how many early care and education programs enroll and the Regional Council does recognize the possible need for variances of participation length within the Quality First! program. During the development of the next funding plan, the Regional Council will note which FY10 programs require assistance into FY11 and gauge approximately how many additional centers can be accepted. The same process will happen in FY12.

Strategy 2: To provide language and literacy coaches to work in coordination with *Quality First!* Coaches for the purpose of improving language and literacy and increase program measurement on the CLASS Scale.

According to a joint position of the International Reading Association (IRA) and the National Association for the Education of Young Children (NAEYC), “One of the best predictors of whether a child will function competently in school and go on to contribute actively in our increasingly literate society is the level to which the child progresses in reading and writing. Although reading and writing abilities continue to develop throughout the life span, the early childhood years, from birth through age eight, are the most important period for literacy development.” The building and strengthening of pre-literacy and pre-writing skills begins within the early childhood environment and specifically, the birth-5 age range is a critically important time of a child’s development.

Currently, there are approximately 11 literacy-based organizations that make up the Tucson Area Literacy Coalition in addition to 13 Pima County libraries that provide literacy resources in the Central Pima region. There is a vital need for additional literacy based resources within the Central Pima region in order to meet the literacy needs of 11,566 young children birth-5 years that are in an early care and education setting. The Central Pima Regional Partnership Council has noted the importance of a literacy coach to work with *Quality First!* participants. In addition to improving the overall quality of early care and education environments, a literacy coach has the opportunity to educate families and send a universal message the importance of literacy to all of the people within the child’s life.

Literacy coaches will be implemented for the purpose of supporting early care and education staff to improve their knowledge and skill at developing children’s language and literacy and increase program measurements pertaining to the CLASS Scale. Participants of *Quality First!* within the Central Pima region will have access to a literacy coach and literacy-based resources, including the opportunity to develop or build school libraries and with the literacy coach develop meaningful curriculum-based activities. This will facilitate an increase in CLASS Scale measurements and strengthen quality teacher-child interactions. The literacy coach will work in conjunction with the *Quality First!* coach and *Quality First!* participants collaboratively to meet literacy related needs identified in the *Quality First!* improvement plan.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

1. Total number of early care and education programs participating in the QIRS system
2. Total number of children enrolled in early care and education programs participating in the QIRS system
3. Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale

4. Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating scale.			
Target Population: All centers and family homes in the Central Pima Region participating in <i>Quality First!</i>			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	23 Family Homes, Group Homes/Child Care Centers	23 Family Homes, Group Homes/Child Care Centers	23 Family Homes, Group Homes/Child Care Centers
Performance Measures SFY 2010-2012: 1. # of centers moving from 1 star rating to 3 star rating/23 Family Child Care Homes, Group Homes and Centers 2. # of children served at target quality level/23 Family Child Care Homes, Group Homes and Centers 3. # of centers served/23 Family Child Care Homes, Group Homes and Centers			
• How is this strategy building on the service network that currently exists: This strategy has the opportunity to expand and extend services to early care and education settings and improve the level of quality among service providers within Central Pima county.			
• What are the opportunities for collaboration and alignment: This strategy clearly aligns with the statewide strategy since it expands on that system. Through the components of <i>Quality First!</i> , collaborations among agencies offering the supports will be expanded and improved.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$78,500		
Budget Justification: Language & Literacy Coach with Library for Approximately 23 Early Care and Education Programs Participating in <i>Quality First!</i>			

Allocated funds: \$69,000

Average cost (based on a review of local literacy programs) for an early care and education program with 75 children enrolled is approximately \$3,000 which includes:

Library for young children (approximately 300 books) - \$2,500 X 23 early care and education programs= \$57,500

Literacy based professional development and coaching for staff (topics include the importance of literacy, how to incorporate literacy into the curriculum/activities, etc.) - \$500 X 23 early care and education programs = \$11,500

Administration

Allocated funds: \$9,500

Administrative costs: 10% of \$78,500 = \$7,850

Mileage reimbursement: \$1,650

Strategy 3: Implement innovative strategies to support professional development opportunities that bring subject matter experts (i.e. visiting faculty, published authors, researchers, etc.) to the Central Pima Region early childhood educators, with potential for cross-regional collaboration. These professional development opportunities would be tied to college credit with academic support and consultation by an early childhood faculty representative from a higher education institution, such as a local university or community college.

Meaningful and substantive professional development for early childhood professionals is needed in the Central Pima region. Currently, early childhood professionals within the Central Pima region gain professional development through informal educative methods, such as two hour workshops or day conferences. Additionally, the educational attainment of early care and education professionals in the region demonstrates a need for a more highly-skilled and formally educated workforce. Approximately 4,500 early care and education professionals are employed throughout Pima County, with the majority of professionals working within the area that encompasses the Central Pima region. In 2007, 20% of teachers and 10% of teaching assistants within Central Pima had a Bachelor's degree, while only 8% of teachers and 6% had a Child Development Associate Credential (CDA). It is the intent of the Central Pima Regional Partnership Council to offer early childhood professionals significant and comprehensive professional development opportunities tied to college credit that will enhance and expand the current system.

The Central Pima Regional Partnership Council is proposing professional development Communities of Practice, which represents innovative education on a variety of subjects such as, but not limited to:

- Evidence-based, proven and effective teaching practices
- Play-based techniques that impact academic learning
- Social-emotional development
- Sensory integration, behavioral health and special needs
- The teacher and children as researchers
- Creating child-centered environments, and
- Assessment and evaluation in early childhood.

Formal professional development is related to increased quality care, however; experience without formal training has not been found to be related to quality care.¹ Therefore, the value of applying theory to practice is a key element of this strategy. By offering professional development through communities of practice, early childhood professionals have the opportunity to augment teaching practices through formal, cohort-based education. Participants are part of a learning community, in which colleagues have the opportunity to learn, network and discuss about a specific topic/theme in an ongoing fashion through a cohort model. Each learning community has the opportunity to convene up to nine times throughout one year to hear various speakers from leaders at the local, state and national levels and apply newly learned theories into practice.

Currently, formal and informal educational methods of professional development are available in the Central Pima region, but none of the methods reflect strategies the Central Pima Regional Partnership Council has identified. Currently, the following organizations offer professional development opportunities:

Formal education: Higher educational institutions with early childhood programs within Central Pima County include Pima Community College, Central Arizona College, University of Arizona and Northern Arizona University. Although there are a significant number of higher educational institutions within the region, there are several barriers to early childhood professionals attaining degrees or committing to college coursework. Cost is one of the most prohibitive barriers, which is why the Central Pima Regional Partnership Council identified the need to provide scholarship-based college credit tied to professional development opportunities.

Informal education: Currently, there are several non-profit agencies throughout Southern Arizona that offer short-term training for early childhood professionals on an informal level, on an average of two hours per session on a variety of topics, ranging from child development to effective parent communication. A majority of trainings are provided by Easter Seals Blake Foundation and Child & Family Resources, of which the majority are lecture-based and presented on a recurring basis. Additionally, a collaboration of local organizations, including the Office of the Pima County School Superintendent, Southern Arizona Association for the Education of Young Children (SAzAEYC) and the Tucson Jewish Community Center have partnered together to coordinate several professional development mini-seminars, which are presented throughout the year.

Early childhood conferences: Day long conferences provide opportunities for early childhood professionals to gain a substantial amount of professional development hours within one working day, however there are only two conferences held on an annual basis in the Tucson metropolitan area. The Child & Family Resources, Inc. Child Care Conference typically hosts 700 early childhood professionals in the spring and the Southern Arizona Association for the Education of Young Children (SAzAEYC) Annual Conference hosts approximately 350 conference participants in the fall.

Research conducted by the National Association for the Education of Young Children (NAEYC) suggests a need to revitalize professional development for early childhood professionals through innovative

strategies as recognized by the Central Pima Regional Partnership Council. Suggestions from NAEYC for improving professional development opportunities include:²

- Ongoing training and preparation opportunities should be structured to encourage and support all individuals working with young children to improve their knowledge and skills
- Articulation mechanisms between various levels of preparation programs need to be strengthened, and
- Mechanisms that transform diverse training and learning experiences into academic credit, such as assessment of experiential learning, must be readily accessible to early childhood practitioners.

Additional Considerations Identified by the Central Pima Regional Partnership Council

It is also the intention of the Central Pima Regional Partnership Council to provide optimal professional development opportunities that are designed and coordinated by a higher educational institution faculty representative if the allocated funding for the professional development coursework is not fully utilized. The higher education representative will have the following responsibilities:

- Coordinate professional development on-going opportunities such as single and multi-day model conferences, seminars, lectures and college level classes
- Organize a variety of professional speakers who are known at the local, state and national level who have a variety of expertise
- Connect these professional development opportunities with scholarship college credit hours so early childhood professionals can attain formal education
- Create inclusive learning communities by serving as an academic support to professional development participants, including observing and consulting within the community, and
- Teach college level courses pertaining to best practices in early childhood and associated core learning concepts.

¹Galinsky, E.C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S.L., & Newton, J.W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America* 1989, Oakland, CA: Child Care Employee Project.

²The National Association for the Education of Young Children (November 1993). *A Conceptual Framework for Early Childhood Development. A position statement of the National Association for the Education of Young Children*.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

1. Total # and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development

2. Total # and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate or degree			
Target Population: All early childhood professionals in the Central Pima Region, with the possibility to cross-regionally collaborate with other Regional Partnership Councils to encourage additional early childhood professionals to participate.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	1,150 (with the potential of increasing numbers with cross-regional collaboration)	1,150 (with the potential of increasing numbers with cross-regional collaboration)	1,150 (with the potential of increasing numbers with cross-regional collaboration)
Performance Measures SFY 2010-2012:			
<ol style="list-style-type: none"> # of degreed professionals in early care and education # of administrators with ECE degrees # of professionals pursuing degrees in early childhood education 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: <p>Multiple non-profit organizations currently provide professional development opportunities within the Central Pima region and extending throughout southern Arizona, such as Child & Family Resources, Inc., Easter Seals Blake Foundation, Pima County Public Library, Southern Arizona Association for the Education for Young Children and United Way of Tucson and Southern Arizona. Additionally, there are opportunities for professionals to attain higher education credits and degrees through institutions such as Pima Community College, Central Arizona College, University of Arizona and Northern Arizona University.</p>			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: <p>There is a possibility to cross-regionally collaborate with other Regional Partnership Councils to encourage additional early childhood professionals to participate in professional development communities of practice. Additionally, there are opportunities to partner with local higher education institutions including Pima Community College, Central Arizona College, University of Arizona College of Education and Northern Arizona University. Professional development is a regional need.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed	\$584,500		

strategy	
<p>Budget Justification:</p> <p>Ongoing Professional Development Model of Communities of Practice</p> <p><u>9 Day Comprehensive Communities of Practice Model</u></p> <p>Allocated funds: \$120,000</p> <p>Up to 10 learning communities of early childhood professionals (approximately 30 participants per community) will participate in ongoing professional development. Each learning community will gather approximately 9 times throughout the year to gain professional development through a variety of methods, such as hearing various speakers at the local, state and national levels, and applying theory into practice (i.e. meeting in a classroom to apply newly learned skills) on the identified topic of study.</p> <p>Keynote speaker/conference presenter:</p> <p>\$10,000 X 5 learning communities = \$50,000</p> <p>Travel fees (flight, hotel, rental car, food):</p> <p>\$2000 X 5 learning communities = \$10,000</p> <p>Conference location fees (space, use of technology, food):</p> <p>\$10,000 X 5 learning communities = \$50,000</p> <p>Materials and outreach (printing of materials including seminar handouts and advertisements):</p> <p>\$2000 X 5 learning communities = \$10,000</p> <p><u>3 Day Comprehensive Communities of Practice Model</u></p> <p>Allocated funds: \$60,000</p> <p>3 day Conference Model (similar to above 9 day model) for approximately 200 early childhood professionals.</p> <p>Keynote speaker/conference presenter:</p> <p>\$15,000 X 2 conferences = \$30,000</p> <p>Travel fees (flight, hotel, rental car, food):</p> <p>\$2,000 X 2 conferences= \$4,000</p> <p>Conference location fees (space, use of technology, food):</p> <p>\$10,000 X 2 conferences = \$20,000</p> <p>Materials and outreach (printing of materials including seminar handouts and advertisements):</p> <p>\$3000 X 2 conferences = \$6,000</p>	

1 Day Consultation Communities of Practice Model

Allocated funds: \$37,500

1 Day Seminars and/or follow-up consultations to the 3 or 9 day learning models

Speaker fees/consultation fees (includes applicable travel fees):

\$4500 X 5 seminars = \$22,500

Conference location fees (space, use of technology, food):

\$2000 X 5 seminars = \$10,000

Materials and outreach (printing of materials including seminar handouts and advertisements):

\$1000 X 5 seminars = \$5,000

College Credit Hours Established Learning Community Participants

Allocated funds: \$247,000

College credit hours range from \$60-\$300 per credit hour (averaging \$180) X 1 credit hour for each participant

\$247,000/\$180 (average amount of college credit) = An average of 137 professionals acquiring college credit

Higher Education Institution Representative

Allocated funds: Up to \$120,000

Faculty position at a higher education institution to coordinate, facilitate and support professional development seminars, conferences and other professional development opportunities in addition to teaching coursework and serving as an academic support to early childhood professionals.

\$70,000 (approximate of salary for a faculty member within a two year institution on a 9/10 month contract)

Benefits for Faculty Member: \$20,000

OR Part Time Faculty Option

\$30,000 (expansion of an adjunct faculty/part time faculty position within an early childhood program at a higher education institution) that could consist of up to two paid positions without benefits.

Strategy 4: Establish and coordinate the implementation of a comprehensive statewide scholarship system to improve quality in the professional workforce by funding additional T.E.A.C.H. scholarships beyond those provided through the participation in Quality First! T.E.A.C.H. components include scholarships, college coursework, compensation after completing coursework and a commitment to stay in the child care program.

The Central Pima Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children¹.

Programs enrolled in *Quality First!* will have access to T.E.A.C.H. Early Childhood Arizona. The Central Pima Regional Partnership Council wants to expand T.E.A.C.H. to those programs not yet enrolled in *Quality First!*

Benefits to children: Higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: Early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: Support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention. Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

The Central Pima Regional Partnership Council recognizes and supports all four elements of the scholarship program:

Scholarships: The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

Education: In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

Compensation: At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). The administrative home will establish the formulas for each.

Commitment: Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Information about the T.E.A.C.H. project is available on the web at: www.childcareservices.org/ps/teach.html.

State contacts are available at www.childcareservices.org/ps/statecontacts.html.

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH: School Readiness Solutions Group.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Goal: Establish and coordinate the implementation of a comprehensive statewide scholarship system to improve quality in the professional workforce.

Goal: FTF will increase retention of early care and education workforce.

Key Measures:

1. Retention rates of early childhood development and health professionals

<p>2. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development</p> <p>3. Total number and percentage of professionals working early care and education who are pursuing a credential, certificate or degree</p>			
<p>Target Population: Central Pima region's early care and education professionals represent 66% of teachers and 80% of teaching assistants without a degree¹. This strategy will support approximately 300 additional teachers and caregivers beyond those who are eligible for the T.E.A.C.H. scholarship program through <i>Quality First!</i></p> <p>¹Compensation and Credentials report. Center for the Child Care Workforce- <i>Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population</i>.</p>			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	300	300	300
<p>Performance Measures SFY 2010-2012:</p> <ol style="list-style-type: none"> 1. % of early care and education professionals at an assistant teacher level retained for 2 years 2. % of early care and education professionals at teacher level retained for 3 years 3. % of early care and education professionals at a center retained for 5 years 4. # of degreed professionals in early care and education 5. # of administrators with ECE degrees 6. # of professionals pursuing degrees in early childhood education 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>This strategy capitalizes on T.E.A.C.H. Early Childhood Arizona. T.E.A.C.H. is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Central Pima Regional Partnership Council is building on the infrastructure elements established by the FTF Board with <i>Quality First!</i> and T.E.A.C.H. to improve the quality of early care and education in the Central Pima region.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>The T.E.A.C.H. Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Regional Council collaboration with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs.</p> <p>The Central Pima Regional Partnership Council has initiated discussions with the local community</p>			

college about increasing appropriate coursework, development of specialized curriculum and delivery of courses through cohorts, distance learning opportunities, and providing coursework “in the field” at locations available to early care and education professionals. The Pima Central Regional Partnership Council will continue these preliminary discussions as funding is approved.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$ 675,000
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Budget Justification:

T.E.A.C.H. Program

Total allocated funds for T.E.A.C.H. = \$654,000

300 scholars X \$2,180 (per scholar) = \$654,000

When the Central Pima Regional Council reviewed the T.E.A.C.H. budget, the Regional Council determined the \$2,180 includes assistance with tuition/educational fees, books/materials, travel stipend, release time from work and bonus for completion of coursework.

Outreach & Recruitment Efforts

Total allocated funds for outreach: \$21,000

Outreach efforts consist of creating flyers, banners, and other print media to be used at public information meetings/orientations in conjunction with community colleges or university events, exposing students and potential students to this information.

Strategy 5: Implementation of a Nurse Family Visitor/Community Health Worker home visiting program to support high risk families, including pregnant women, through home-based support and transportation assistance to at-risk families who exhibit difficulty in getting their children (prenatal-5)

to medical related appointments.

Research indicates that the most successful home visiting programs have been able to help parents increase parenting skills, prevent child abuse and neglect, and increase linkages with community services including health and developmental services. The primary focus of home visiting services by a Nurse Family Visitor or Community Health Worker is to:

- Educate families on child development and health pertaining to children prenatal-5 years
- Support and assist the family in attaining or referring medical related services
- Promote and role model effective parenting and positive child-adult interactions
- Help families obtain necessary life skills that result in self-sufficiency, and
- Empower at risk families to make healthy choices.

Additionally, families who may struggle with the practical difficulties of using public transportation to attend service or medical appointments can work with in partnership with the Nurse Family Visitor to identify the possible need of specialized transportation services and then coordinate the service pick up and drop off schedules.

In 2006, almost 6,000 Tucson families were headed by a single parent with a child aged birth-5. Thirteen percent of children in 2006 in Central Pima County were born to teen mothers. Babies born to teen mothers are more likely to experience health problems, developmental delays, increase probability of abuse and neglect, poor performance in school and increase in becoming a teen parent themselves.

It is important to recognize that poverty levels can affect several key aspects of a child's development and growth. The overall poverty levels are significantly higher in Tucson compared to the entire state of Arizona. Data from the Kids Count 2007 shows that 26% of Tucson families lived at or below the 100% federal poverty level which is higher than the 20% for Arizona overall. With 13,250 young children birth-5 who are considered impoverished, the Central Pima Regional Partnership Council acknowledges the need for developmental and health based care to address the needs of families who are identified as at risk.

A young child who has an ongoing health care provider has an increased probability of accessing appropriate health care services, receiving proper immunizations and attending well child checks. Research shows that children who receive health care insurance are more likely to have well-child visits, to be vaccinated, less likely to access care in an emergency room and do better in school.¹

The Nurse-Family Partnership, which provides developmental and supportive health services by Registered Nurses to families who are considered at-risk throughout the United States, notes the following significant effects from three studies:²

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment, and
- Improved school readiness for children born to mothers with low psychological resources.

When delivered successfully, the families feel supported by the Nurse Family Visitor through a variety of substantial ways including:

- Assistance with completing complicated paperwork regarding health services
- Addressing a variety of questions and concerns ranging from child development to health related services
- Identifying and assisting with initiating early intervention services
- Determining the best and most appropriate health and developmental services and service level for which the family should access, and
- Ongoing visitation time by the Nurse Family Visitor/Community Health Worker, which is tailored around specific and identified needs of the family.

Currently, statewide initiatives are in place in Colorado, Louisiana, Oklahoma and Pennsylvania to work with families who are at-risk and in need of home visitation by a Nurse Family Visitor or Community Health Worker.

The Central Pima Regional Partnership Council acknowledges the vital need for adequate prenatal care, especially to mothers who are considered at risk. Late or no prenatal care is associated with several negative outcomes for the mother and child including:

- Postpartum complications for mothers
- A 40% increase in the risk of neonatal death overall
- Low birth weight babies, and
- Health complications experienced by the child.

A recommendation from the American College of Obstetricians and Gynecologists suggests that prenatal begin in the first trimester of a pregnancy and continue throughout the pregnancy with at least 13 visits. In the Central Pima region, approximately 73% of mothers received early prenatal care, which is lower than the state rate.

There are several barriers to prenatal care including the increased number in pregnant adolescents, non-English speaking residents and the prevalence of inadequate literacy skills.³ Additional barriers include diminished health care resources, transportation, poverty, stress and domestic violence.⁴ Another prominent predictor of obtaining prenatal care in the first trimester is ethnicity. The following statistics demonstrate a breakdown by ethnicity of women who did not access prenatal care:⁵

- Caucasian: 24% received no prenatal care
- African American: 24% received no prenatal care
- Hispanic: 30% received no prenatal care, and
- American Indian: 32% received no prenatal care.

Prenatal home visiting services will be extended to more families in the Central Pima region. These essential services will be provided to mothers who are identified as at risk to ensure they enroll in prenatal care health services in their first trimester and that they refrain from the high-risk behaviors such as smoking, drinking, and taking illicit drugs, which are associated with poor birth outcomes.

In addition to identifying strategies to assist families at risk through home based care, the Central Pima Regional Partnership Council acknowledges the need to support families of young children prenatal-5 who are experiencing trouble in getting to doctor and other necessary health related appointments due to transportation issues. Research demonstrates that transportation is a barrier to families attending health related appointments. When medical related transportation is provided to pregnant women or families, there is an increase in attending appointments. For example, one study found a 22% increase in pregnant, low income women who were in compliance with attending prenatal visitation when a transportation voucher was offered.⁶

Transportation assistance will be used in conjunction with the home visiting support services. The Nurse/Community Health Worker have the most exposure to the families who are in greatest need of transportation assistance to get to and from mandatory health related appointments for children prenatal-5 years. Interested applicants will outline eligibility criteria to ensure that the most disenfranchised and vulnerable families in need of transportation assistance to medical services are provided with this service.

In order to address the varied needs of the region, the Regional Council will invite community stakeholders to submit a variety of proposals to enhance family support that are both evidence-based and relevant to the community served. Specific approaches to implement this strategy include, but are not limited to:

- Advocacy for vulnerable and disenfranchised populations
- Home, nurse based visitation programs, such as the Nurse Family Partnership model, and
- Home visitation programs that are inclusive of community health social workers.

Preference will be given to approaches that are research-based and applicants who can demonstrate positive outcomes for the most vulnerable and/or disenfranchised families in the region.

¹ Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L. & Kenney, G.M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix 2003.

² The Nurse-Family Partnership. Research Evidence. www.nursefamilypartnership.org

³ Ashford, J., LeCroy, C.W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

⁴ Center for Disease Control. <http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf>

⁵ Child Health USA 2003, U.S. Department of Health and Human Services, Health Research and Services Administration.

⁶ Melnikow J, Paliescheskey M, & Stewart, GK. Effect of a transportation incentive on compliance with the first prenatal appointment: a randomized trial. *Obstet Gynecol*, 1997.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve

children's access to quality health care.			
Key Measures: <ol style="list-style-type: none"> 1. Total number and percentage of children with health insurance 2. Total number and percentage of children receiving appropriate and timely well-child visits 3. Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well being 			
Target Population: Families who are considered to be at risk or families with high risk social situations, such as teen parents, families with children with special medical needs and impoverished families.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	Up to 500 families through visitation, up to 7,500 round trip transportation rides	Up to 500 families through visitation, up to 7,500 round trip transportation rides	Up to 500 families through visitation, up to 7,500 round trip transportation rides
Performance Measures SFY 2010-2012: <ol style="list-style-type: none"> 1. # of children with health insurance 2. # of children with health insurance 3. # of children with health insurance under 150-200% poverty level 4. Percentage of expectant mothers receiving regular prenatal care 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>FTF service providers will need to coordinate with existing health-based service providers and referral sources to assure non-duplication of services.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>This strategy denotes the opportunity for the Central Pima Regional Partnership Council to strengthen relationships between early care and education programs, families, young children and local health organizations. To ensure non-duplication of services and optimum service delivery for families, FTF service providers will be required to coordinate and collaborate with existing health-based service providers.</p> <p>To meet the health related needs that require transportation of young families and their children, the Central Pima Regional Partnership Council has the opportunity to collaborate with local transportation service providers that has a service delivery area within the Central Pima region.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			

Population-based Allocation for proposed strategy	\$ 1,600,000
<p>Budget Justification:</p> <p><u>Nurse Home Visitor/Community Health Worker Program</u></p> <p>Total allocated funds for positions: \$1,500,000</p> <p>An allocation of funds averaging \$6,000 per family which includes the following factors of the professional's income, mileage and administrative costs:</p> <p>Nurse Home Visitor (Visitation by Registered Nurse)</p> <p>\$950,000 for approximately 8 Nurse Home Visitor positions</p> <p>Average hourly wage for a Traveling Registered Nurse: \$45.00</p> <p>\$45.00 hour X 40 hours weekly = \$1800 X 52 weeks = \$93,600</p> <p>\$5,000 mileage/travel fees</p> <p>\$20,000 benefits</p> <p>Total for travelling Registered Nurse: \$118,600 allocated per position</p> <p>Community Health Worker (Visitation by a trained paraprofessional or degreed professional in the fields of social services and/or health. The Community Health Worker may work independent to the Nurse Home Visitor or in conjunction with the Nurse Home Visitor)</p> <p>400,000 for approximately 8 Community Health Worker positions</p> <p>Average hourly wage for a Community Health Worker: \$12.00</p> <p>\$12.00 hour X 40 hours weekly = \$480 X 52 weeks = \$24,960</p> <p>\$5,000 mileage/travel fees</p> <p>\$20,000 benefits</p> <p>Total for travelling community health worker: \$50,000 allocated per position</p> <p>Administrative Costs</p> <p>10% of \$1,500,000 = \$150,000</p> <p><u>Transportation Services</u></p> <p>Total allocated funds for transportation related services: \$100,000</p> <p>Average \$6.00 per trip</p> <p>\$12.00 per round trip/\$90,000 = Estimated 7,500 round trips</p> <p>Administrative Costs</p> <p>10% of 100,000 = \$10,000</p>	

Strategy 6: Increase the number of high quality infant, one year old and special needs spaces available in child care centers, group homes and family child care homes by providing funding for strategic planning, renovation and expansion of early care settings.

The Central Pima Regional Partnership Council has placed a priority upon expanding the number of slots designated to children of infant and toddler age. Approximately 11,566 children birth-5 are enrolled in an early care and education setting, however only 95 child care centers, 231 DES certified homes and 22 family child care providers registered with Child Care Resource & Referral provide care for infant and toddlers.¹

While some child care providers and centers are interested in providing care to children birth-3 years of age, many are unable to do so due to stringent policies regarding teacher to adult ratios. Costs for infant and toddler care are generally higher in comparison to preschool care due to the need for a higher adult to child ratio. For example, the Department of Economic Security (DES) Market Rate Survey conducted in 2006 reports the following daily costs demonstrating a price discrepancy between ages:

- Full time care, for a child under the age of one year: The median daily charge ranged from \$21.60 to \$35.00 across the Arizona districts while the statewide median is \$34.00.
- Full time care, for a child one to two years: The median daily charge ranged from \$20.00 to \$32.00 across the Arizona districts while the statewide median is \$30.00.
- Full time care, for a child three, four or five years: The median daily charge ranged from \$19.00 to \$28.00 across the Arizona districts while the statewide median is \$26.00.

The Arizona Department of Health Services (DHS) notes the provider to child ratios for infant and toddlers is significantly lower than children who are of preschool age. For infants, the Arizona DHS provider to child ratio is 1:5 or 2:11. For children who are one year of age, the ratio slightly increases to 1:6 or 2:11. Lastly, for 2 year olds, the ratio is 1:8. Arizona DES states family child care providers are allowed to care for no more than 2 children who are younger than age one (unless a sibling group). Arizona ratios do not reflect best practices. Recommended best practices ratios for infants up to 15 months is 1:3 and for toddlers is 1:4. Currently, for many early care settings, particularly child care centers, it is more feasible to have more slots designated to older children, where there is the ability to

place more children in classrooms with less adult supervision.

Another barrier to providing increased care to infants and toddlers pertains to classroom/space size requirements. In November 2008, Child Care Resource & Referral surveyed licensed child care centers within the Central Pima region. Centers were asked to identify the most significant barrier to providing additional care to infants and toddlers. Of the 91 respondents, 32% reported space as the most prohibitive barrier to providing more care to infants and toddlers. Some respondents noted that they would accept a particular age they were not currently providing (i.e. toddlers); however the child care provider was unable to because the setting was not currently set up or licensed to accommodate additional children in care.

Renovating pre-existing early care and education settings to increase capacity is a need expressed by child care professionals; however most do not have the means to carry out their intentions. Other states, such as New York and California currently have programs through the Low Income Investment Fund (LIIF) in place that provide early childhood professionals grants to improve, renovate and expand early care and education settings. According to LIIF, the impact of these grants has been substantial in New York. Since 2003, LIIF has supported 3,300 early care settings through offering technical assistance to 15 early childhood professionals and 23 planning grants totaling \$358,000.

For early childhood professionals committed to expanding infant toddler capacity, extensive planning will be required for attaining planning and accessibility grant funding. To ensure sustainability of the increased capacity, planning grants will be utilized to determine feasibility of construction through architectural drawings and business plans with market analyses. Accessibility grants will be granted to those early childhood professionals who are in need of assistance of renovation, construction, land purchase or remodel, which will require a 50% match to demonstrate a commitment on the part of the early childhood professional to increase capacity for infants and toddlers.

Lastly, improvement plans will denote specific, environmental indicators that relate a quality early care and education setting for infants and toddlers. Using the QIRS, ECERS, ITERS and FCCERS environmental rating scales, child care professionals will identify strategies in relationship to enhancing the quality of the early care and education setting in their grant proposals.

While the need for increasing availability of infant and toddler care is a recognized need in the region, the Central Pima County Regional Partnership Council acknowledges the deeper need to increase accessibility to high quality care for families. Therefore, enrollment in *Quality First!* will be required for those centers or family child care homes who desire to increase infant and/or toddler capacity.

The Central Pima Partnership Council has developed a four-pronged strategy to increase the number of quality infant and toddler care slots through the following methods:

Phases for entry:

- 1) *Enrollment in Quality First!*: Family child care providers and child care centers who benefit from the accessibility grants or quality supplement are required to participate in Quality First!
- 2) *Planning Grants*: Provide up to 4 grants to family child care providers or child care centers of up to \$15,000 each to determine feasibility of construction and business sustainability, such as conducting a feasibility study, architectural drawings, business plans, market analyses.
- 3) *Accessibility Grants*: Provide 4 grants of up to \$155,000 for planning, construction, land

<p>purchase or remodeling of a center of family child care home. Must have a 50% secured match.</p> <p>4) <u>Quality Supplement</u>: To increase accessibility to infant and toddler care, an additional 100 infant/toddler slots will be created within the Central Pima Region.</p>			
<p>Lead Goal: FTF will improve access to quality early care and education programs and settings.</p> <p>Goal: FTF will increase availability and affordability of early care and education settings.</p>			
<p>Key Measures:</p> <ol style="list-style-type: none"> # of licensed spaces for target populations # of spaces for target populations meeting Quality First! three star measures 			
<p>Target Population: Family child care providers and child care centers who desire to increase and expand care services to infant and toddlers.</p>			
<p>Proposed Service Numbers</p>	<p>SFY2010</p> <p>July 1, 2009 - June 30, 2010</p>	<p>SFY2011</p> <p>July 1, 2010 – June 30, 2011</p>	<p>SFY2012</p> <p>July 1, 2011 - June 30, 2012</p>
	<p>Up to 8 family child care providers/child care centers receiving grant funding,</p> <p>Approximately 100 new slots for infant and toddlers</p>	<p>Up to 8 family child care providers/child care centers receiving grant funding,</p> <p>Approximately 100 new slots for infant and toddlers</p>	<p>Up to 8 family child care providers/child care centers receiving grant funding,</p> <p>Approximately 100 new slots for infant and toddlers</p>
<p>Performance Measures SFY 2010-2012:</p> <ol style="list-style-type: none"> # of new infant/toddler slots/100 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy recognizes that child care providers within family child care homes and centers face barriers associated with providing infant and toddler care. The Central Pima Regional Partnership Council will support existing and new child care providers to help address some of the barriers associated with providing infant toddler care. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Through the enrollment of <i>Quality First!</i>, child care providers will have the opportunity to increase the quality/star level of their program in addition to increasing accessibility to services within the region that are direly needed. Additionally, this strategy represents an opportunity for other child care providers and the greater community to learn about the possible impact of the increase of quality 			

infant/toddler care will have upon the Central Pima community.	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$ 1,050,000
<p>Budget Justification:</p> <p>Planning Grants: Approximately 4 X \$15,000 = \$60,000</p> <p>Accessibility Grants: Approximately 4 X \$155,000 = \$620,000</p> <p>Quality Supplement: 100 infant/toddler slots allotted through the following formula:</p> <p>100 slots X \$10.00 day X 22 days monthly (approximate # of days per month child is in care) X 12 months = \$264,000</p> <p><i>Please note: The \$10.00 figure has been calculated through the most recent publication of the DES Market Rate Survey, which was published in 2006. According to the Market Rate Survey, a discrepancy in daily cost between infants and preschoolers is \$8.00. To adjust for an anticipated 2010 cost and inflation, \$10.00 has been identified as a plausible amount.</i></p> <p>Administration Costs: \$105,000 (10% of \$1,050,000)</p>	
<p>Strategy 7: Expand facility-based and home-based home visitation programs that take a guided learning approach to parent education and support. Increase outreach and enrollment assistance for public health insurance to eligible but not yet enrolled families, with the potential to cross-regionally collaborate.</p> <p>There are currently several successful home-based visiting and facility-based parent education programs in the Tucson area but they serve limited numbers of families. This strategy would encourage existing programs to build capacity of families served. Language and early literacy development will be a strong component of this strategy and grantees will need to address how it will be supported through their services. In some pre-existing parent visitation and education programs, language and literacy development are an integral part of the curriculum and assisting parents in creating a language and print rich environment in their homes sets the stage for their child's later success in literacy both in school and in life. Additionally, both classes within the home and within the early care and education setting for families will address child development, child safety, health and other critically important topics for broadening the knowledge and skills of parents.</p> <p>Research suggests that the best home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically, linguistically or socially isolated. When delivered well, home visiting services convey great respect for families because they indicate that the service system is coming to the family rather than the other way around. In addition, because home visitors actually see the households of their clients, they may be better able to tailor services to meet family needs.¹</p> <p>The primary focus of home visiting services is clearly to promote effective parenting and support parents as their child's first and most important teacher. Home visitors are also able to encourage</p>	

families to enroll in health insurance, receive prenatal care and seek out a consistent medical provider. Sometimes accessing and organizing all the services a family needs can be a struggle. Families may not be aware of their eligibility for certain assistance or funding streams, or the application paperwork may be onerous. It may also be discovered that families struggle with the practical difficulties of using public transportation in order to keep service appointments.

The home visitor works in a relationship-based manner with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

The home visitor has the opportunity to connect families with important health care resources such as insurance for young children. While many children do receive public health coverage (an estimated 16,833 children in Pima County in 2007), many others who qualify do not enroll. The Urban Institute National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publically funded health insurance programs (such as AHCCCS or KidsCare) but are not enrolled.² To cover those remaining families, enrollment efforts must be brought to the places where hard-to-reach families congregate. Children who have health insurance are more likely to have a usual source of health care for preventive care and when they are ill, this ensures better health related outcomes.

In order to address the varied needs of the region, the Central Pima Regional Partnership Council will invite community stakeholders to submit a variety of proposals to enhance family support that are both evidence-based and relevant to the community served. Specific approaches to implement this strategy include, but are not limited to:

- Advocacy for vulnerable and disenfranchised populations
- Home visitation programs and facility-based visitation programs that are inclusive of meeting the needs of families and providing parent education on topics such as language and literacy and child development.

Preference will be given to approaches that are research-based and applicants who can demonstrate positive outcomes for all families, yet specifically denoting strategies that meet the needs of the most vulnerable and/or disenfranchised families in the region.

¹Barnard, K. (1998). Developing, implanting and documenting interventions with parents and young children. *Zero to Three*, 18(4) 23-29.

²Genevieve Kennedy, et al, *Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve*, Urban Institute, July 31, 2003.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

1. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being
2. Percentage of families of children birth who report they maintain language and literacy rich home environments

3. Percentage of families with children birth through age five who report reading to their children daily in their primary language			
Target Population: Families with young children who are in need of supportive visitation or interested in participating in parent education opportunities.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	250 families	250 families	250 families
Performance Measures SFY 2010-2012: 1. # of home visiting programs/250 2. # and percentage of families receiving home visiting services/250 3. Percentage of families that reported satisfaction with provided home visiting support 4. Percentage of families showing increases in parenting knowledge and skill after receiving home visiting support 5. # of children with health insurance/250 6. % of families reporting an increase in the # of days family reads			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: <p>Several agencies currently operate home-based and facility-based visiting programs, parent education classes and related support services. This strategy allows for building on existing resources while expanding services to areas or target populations not currently served.</p>			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: <p>Several agencies currently operate home-based and facility-based visiting programs, parent education classes and related support services that would have the potential opportunity to collaborate with FTF and increase capacity and the numbers of families served. Outreach, specifically funding allocated to enrolling children birth-5 in KidsCare, provides an opportunity for Cross-Regional Council collaboration.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$ 750,000		
Budget Justification: <u>Facility-based and Home-based Family Support</u> Total allocated funds: \$625,000			

Approximately 250 families X \$2500 (average cost of visitation services) per family = \$625,000

Breakdown of type of support services allocated:

Facility-based support = \$312,500

Home-based support = \$312,500

Outreach

Total allocated funds: \$50,000

Allocated to support cross-regional efforts to provide outreach to enroll young children birth-5 years in KidsCare/AHCCCS. And, outreach for home visiting programs, parent education and health education.

Administration

Total allocated funds: \$75,000 (10% of \$750,000)

Strategy 8: Implement a wage compensation program tied to T.E.A.C.H. Early Childhood Arizona scholars' completion of early childhood education degree (such as WAGE\$).

In Arizona, the early care and education workforce typically receives compensation below what is considered a livable wage. The median hourly salary of early care and education teachers in Arizona is \$9.75 or \$20,280 annually as reported in "A Decade of Data: The Compensation and Credentials of Arizona's Early Care and Education Workforce" (2008); the federal poverty level is \$21,200 for a family of four. Low wages present barriers to encouraging high-quality, well-educated, and well-trained personnel to enter the field. Additionally, lack of appropriate compensation causes a high rate of turnover among early childhood professionals. In turn, young children receive lower quality care in environments where caregivers often change. Wage enhancement programs incentivize teachers, staff and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

Early care and education professionals in Central Pima earn, on average, significantly less than the median annual salary in the region. Wage enhancement models throughout the country have illustrated the connection between higher compensation, increased education levels and higher retention rates among educators of young children. Research also shows that higher education levels and low turnover rates directly affect the quality of care that young children receive. A salary incentive program has the potential to increase retention rates as well as education levels. This strategy provides a system that addresses both issues as salary incentives will be tied to T.E.A.C.H. scholars' completion of early childhood education coursework.

FTF policy staff is currently researching salary enhancement models, and the Central Pima Regional Partnership Council will implement whatever model FTF ultimately selects as a compensation enhancement program.

Lead Goal: FTF will increase retention of the early care and education workforce

Goal: FTF will build a skilled and well prepared early childhood development workforce

Key Measures:

1. Retention rates of early childhood development and health professionals
2. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
3. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

Target Population: Scholars participating in T.E.A.C.H. upon completion of an educational degree estimating 30% of scholars completing educational goals within 1-3 years, considering it will take approximately 2 years to move through educational levels.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	Approximately 225 early childhood professionals	Approximately 225 early childhood professionals	Approximately 225 early childhood professionals

Performance Measures SFY 2010-2012: <ol style="list-style-type: none"> 1. % of early care and education professionals at an assistant teacher level retained for 2 years/225 2. % of early care and education professionals at a center director level retained for 5 years/225 3. # of degreed professionals in early care 4. # of professionals pursuing degree in early childhood 	
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>This strategy directly ties into the T.E.A.C.H. and <i>Quality First!</i> systems and builds on both. It also relies on the network of existing higher education institutions, and will require increased capacity at that level.</p>	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>There is great interest in the early childhood community in connecting increased compensation to increased levels of education. This strategy is also under consideration at the state level as well as the neighboring North and South Pima Regional Partnership Councils, with an opportunity to cross-regionally collaborate.</p>	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$450,000
Budget Justification: <p>Based on other national models of wage enhancement, the Central Pima Regional Partnership Council estimates that the average compensation for scholars completing higher education coursework and degrees is approximately \$2,000. Depending on what FTF will develop as a statewide strategy, this amount may be adjusted. Compensation packages may be established at different rates for different levels (i.e. less for someone completing an Associate's degree than for someone completing a Bachelor's degree). If FTF has not identified a compensation plan by the beginning of FY10, the Central Pima Regional Partnership Council allocated funds for this strategy will carry over in order to implement the plan regionally once FTF determines what will be supported at the state level.</p> <p>\$2,000 X 225 early childhood professionals = \$450,000</p>	

Strategy 9: Implement a Child Care Mental Health Consultation Program. <p>Many young children who exhibit challenging behavior in early care and education settings have a significant likelihood of continuing to struggle into adolescence and adulthood. Challenging behaviors may include physical aggression towards others, inappropriate language, consistent refusal to participate in classroom activities, frequent yelling and screaming and self-harming behaviors. When</p>

caregivers in early care and education programs do not have adequate guidance and support to deal with these behaviors, they often resort to expulsion of the child from the facility. According to a 2005 study of pre-kindergarten expulsions conducted by the Yale University Child Study Center, the national pre-kindergarten expulsion rate is 3.2 times higher than the rate for K-12 students. In Arizona, the rate of preschool expulsions is nearly 3 times higher than that for K-12 students in the state.

The same study indicated that teachers reported fewer expulsions when they had access to a mental health consultant who provided classroom-based strategies for dealing with challenging behavior. Key factors in the consultation included access to a mental health professional who could come directly to the classroom to address a specific behavior, as well as an ongoing relationship between teachers and the consultant. A minimum of monthly visits to the classroom helped establish this relationship.

This strategy addresses the critical need to identify developmental and mental problems as early as possible. If a child experiences a significant delay, parents and caregivers are more likely to detect the problem and make a referral for appropriate screening and treatment. However, many children are ineligible to receive services through the state early intervention systems because of stringent requirements. These children, who may have some developmental challenges, fall in the gap between children who are typically developing and those who are eligible for services because of a significant delay.

The Central Pima Regional Partnership Council acknowledges a mental health consultation model that is analogous to the City of San Francisco Mental Health Consultation Model in Child Care Settings but modified to meet the unique needs of the Central Pima community. Grantees will need to address how the City of San Francisco model will be supported through their services.

Additionally, no more than five centers will be assigned to one, full time Child Care Mental Health Consultant to ensure high quality service delivery. Consultants will be required to meet education criteria and possess experience in mental health and early childhood education.

¹ National Center for Learning Disabilities, May 2006. LD Talk with Dr. Diane R. Paul and Dr. Froma P. Roth. Retrieved November 5, 2008, from www.nclld.org/content/view/1000/

² Gilliam, W.S. (May 2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University Child Study Center.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Total number and percentage of children receiving appropriate and timely well-child visits
2. Ratio of children referred and found eligible for early intervention

Target Population: Early care and education programs that are in need of a Child Care Mental Health Consultant.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	25 Family Child Care Programs/Group Homes/Child Care Centers	25 Family Child Care Programs/Group Homes/Child Care Centers	25 Family Child Care Programs/Group Homes/Child Care Centers
Performance Measures SFY 2010-2012:			
1. Increase in # centers with access/25 Family Child Care Programs, Group Homes or Centers			
2. # of children referred for early intervention			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists:			
This strategy builds on and intends to increase capacity and services that are currently provided through state intervention agencies, including mental/behavioral health networks and the Arizona Early Intervention Program.			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment:			
There are many opportunities for collaboration within this strategy. Applicants who apply to administer these services will coordinate with existing early intervention specialists, mental health specialists as well as with the participating early care and education programs. Furthermore, mental health specialists can help facilitate a strengthened connection between families, early care and education programs and a child’s home school district (if the child qualifies for special needs services). This relationship ensures that families receive appropriate information regarding available resources within their school district, as well as ensure continuity of mental health and intervention services for children who enter public schools.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$ 500,000		
Budget Justification:			
Child Care Mental Health Consultant Salaries			
Total allocated funds: \$325,000			
\$65,000 (Estimated salary of Child Care Mental Health Consultant) X 5 positions = \$325,000			
Mileage			
Total allocated funds: \$25,000			
\$5,000 (Estimated mileage) X 5 staff = \$25,000			
Benefits			

Total allocated funds: \$100,000

\$20,000 (Benefits) X 5 Child Care Mental Health Consultants = \$100,000

Administration

Total allocated funds: \$50,000

10% of 500,000 = \$50,000

Parent Kit.

To build awareness and increase access to support services and resources, the Central Pima Regional Partnership Council has identified the need to incorporate resources for families and young children accessible within the Central Pima region. Resources will include information items from non-profit, social service agencies that provide information about things like:

- Parent education pertaining to topics such as child development and literacy
- Choosing early care and education programs that meet the needs of the child and family
- Supportive health services, and
- Ongoing, family based events and opportunities.

The supplemental resource information will be inserted into Parent Kits, which will be distributed to parents of newborns at the three hospitals that serve the Central Pima region.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

1. Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child on child development and health
2. Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well being

Target Population: All families with newborns within the Central Pima Region.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	13,000 families with a newborn child	13,000 families with a newborn child	13,000 families with a newborn child

Performance Measures SFY 2010-2012:

1. % of families that reported satisfaction with the Parent Kit
2. % of families showing increases in parenting knowledge and skill after using the Parent Kit

<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>This strategy directly builds upon the FTF strategy of disseminating Parent Kits to families with a newborn baby. It also relies on the network of hospitals and birthing centers to help distribute the Parent Kits.</p>	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>There is an opportunity to collaborate with local social service, non-profit and parent education organizations to provide resources and information that will be placed in the Parent Kit. Because the hospitals and birthing centers are directly working with families who are welcoming a newly born child, a partnership with medical caregivers and providers will be coordinated.</p>	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$ 150,000
Budget Justification: <p>\$10 per kit X 13,000 = \$ 130,000</p> <p>Development, purchase, coordination of new and/or existing outreach materials and labor for insertion into the kit which will be distributed by local hospitals/health service agencies= \$20,000</p>	

Strategy 11: FTF will provide support to currently accredited centers, who are participating in *Quality First!* or who have committed to participating in the initial round of rating through the QIRS, to maintain their high level of quality.

With 27% of young children within Central Pima county enrolled in an early care and education setting, the quality of programs is drastically important. There are currently 179 licensed centers, 63 group homes, 235 approved family child care homes and 17 family child care providers who are registered with Child Care Resource & Referral. Of the 11,566 children enrolled in an early care and education setting, only 2,500 benefit from an accredited setting in Central Pima county. Not only is it essential to encourage early care and education settings to achieve high quality, it is imperative that settings sustain high-quality and their accreditation status. Sustained high-quality is an influential factor in providing optimal early childhood settings. Research suggests that that a quality environment for young children is an indicative factor of healthy child development and growth. According to the National Association for the Education of Young Children (NAEYC), "Studies of center care and family-based care by relatives and non-relatives alike suggest that as many as 40% of infant and toddler care settings may be potentially harmful to children's healthy development." Accrediting organizations such as NAEYC require quality improvement and quality assurance programs to increase and sustain programs that encourage healthy development, a safe environment and age appropriate learning experiences.

It is the goal of the Central Pima Regional Partnership Council to encourage pre-existing early care and education settings to sustain their accreditation and quality status. Providing supportive services to accredited centers include:

- *Accreditation grants:* The fees associated the process of accreditation can cost one center up to \$4,000. For example, fees for enrolling in the National Association for the Education of Young Children (NAEYC) candidacy process alone cost up to \$775.00. There are five separate, additional fees that also must be paid throughout the accreditation process. To help early care and education programs pay these costly accreditation fees, the Central Pima Regional Partnership Council has allocated \$96,000.
- *Literacy and library grants:* Increasing and developing libraries within early childhood settings accompanied by a literacy coach help to enhance a print and linguistically rich environment. Literacy coaches will be implemented for the purpose of supporting early care and education staff to improve their knowledge and skill at developing children's language and literacy.

Additionally, sustaining the quality of accredited centers within the Central Region of Pima county is

especially important. *Quality First!* participants who are currently accredited and seeking re-accreditation have the opportunity to access literacy based resources such as the literacy coach and to develop and enhance libraries.

Of course, a more timely measure of quality enhancement for early care and education programs in Arizona will be enrollment in *Quality First!* or participation in the initial roll-out of this Quality Improvement Rating System. It will be required that any early care and education programs who are interested in accessing accreditation grants or the literacy/library grants must participate in *Quality First!* or commit to be rated under the Quality Improvement Rating System with the first year or two of the state's actual rating implementation.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

1. Total number of early care and education programs participating in QIRS system
2. Total number and percentages of early care and education programs participating in QIRS system with high level of quality as measured by environmental rating scale.
3. Total number of children enrolled in early care and education programs participating in QIRS system

Target Population: Accredited centers and family child care programs, including those that have applied for Quality First! but were declined due to limited availability of Quality First! slots.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	Up to 25 family child care programs/group homes/child care centers	Up to 25 family child care programs/group homes/child care centers	Up to 25 family child care programs/group homes/child care centers

Performance Measures SFY 2010-2012:

1. # of children served at target quality level /25 Family Child Care Homes, Group Homes and Centers
2. # of quality early care and education programs increasing score /25 Family Child Care Homes, Group Homes and Centers
3. # of centers improving or attaining implement goals related to early care and education
4. # of centers maintaining accreditation

- How is this strategy building on the service network that currently exists:

This strategy has the opportunity to expand and extend services to early care and education settings to sustain or improve the level of quality among service providers within Central Pima County.

- What are the opportunities for collaboration and alignment:

This strategy has to opportunity to collaborate with local organizations that have experience in assisting early care and education settings attain accreditation. Because these organizations had limited resources in working with centers who are currently accredited, organizations would have the opportunity to expand their services and work on sustaining quality.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$ 146,000
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Budget Justification:

Literacy Coaches and Library Expansions for approximately 12 early care and education accredited programs

Total funds allocated: \$40,400

Allocated funds for literacy coaches and libraries: \$36,000

Average cost (based on a review of local literacy programs) for an early care and education program with 75 children enrolled is approximately \$3000 which includes:

Library for young children (approximately 300 books) - \$2,500 X 12 early care and education programs= \$30,000

Literacy based professional development and coaching for staff (topics include the importance of literacy, how to incorporate literacy into the curriculum/activities, etc.) - \$500 X 12 early care and education programs = \$6,000

Allocated funds for administering library coaches and libraries: \$4,400

Reaccreditation Grants for approximately 12 early care and education accredited programs

Total funds allocated: \$ 105,600

Allocated funds for reaccreditation grants: \$96,000

Includes reaccreditation fees (which can cost up to \$4,000 per center), equipment and supplies directly related to reaccreditation by a nationally recognized accrediting institution. \$7,000 will be made available to centers with a licensed capacity of less than 100 children, \$10,000 for centers with a licensed capacity of 100 children or more.

Approximately 1 Family Child Care Home X \$7,000 = \$7,000

Approximately 3 Small Child Care Centers/Group Homes X \$7,000 = \$21,000

Approximately 4 Medium Child Care Centers X \$7,000 = \$28,000

Approximately 4 Large Child Care Centers (serving 100+ children) X 10,000 = \$40,000

Administration (for reaccreditation grants)

Allocated funds for administering reaccreditation grants: \$9,600

Administrative costs: 10% of \$96,000 = \$9,600

Strategy 12: Work in partnership with the Southeast Regional Partnership Councils and FTF Board to implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

The Central Pima Regional Partnership Council recognizes the importance and effectiveness of working in partnership with the Regional Councils and FTF Board, speaking with one, unified voice for young children to mobilize the community around a call to action. The Central Pima Regional Partnership Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."¹

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.²

¹Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.

²FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

Lead Goal: FTF will expand public awareness of, and financial and political support for, early childhood

development and health efforts in Arizona.			
Key Measures: <ol style="list-style-type: none"> 1. Percentage of Arizonans who report that early childhood development and health issues are important 2. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters 3. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts 			
Target Population: Southeastern Arizona and Pima County with the opportunity to develop a strategy cross-regionally			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	To Be Determined	To Be Determined	To Be Determined
Performance Measures SFY 2010-2012: <ol style="list-style-type: none"> 1. % of people who know what FTF is 2. Media analysis on the tone and frequency of coverage on early care 3. # of presentations made by external constituents about early care 4. Amount of money received 5. Amount of donations, contributions to FTF 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>FTF has developed a statewide communications plan. This strategy will develop a communication plan that will specifically target the communities of the Southeast Region and is aligned with the FTF plan.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>The Southeast Regional Partnership Councils will collaborate to fund a communication strategy that is aligned with the statewide communications plan but specifically targets the southeast region. The proposed strategy would require the grantee to convene an advisory group to develop a plan to identify current outreach and communication activities, develop a plan to coordinate with these efforts, and establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			

Population-based Allocation for proposed strategy	\$ 200,000
Budget Justification: At this time, the Central Pima Regional Partnership Council is cognizant of the need to allocate funding for expanding public awareness of early childhood education, development and health; however the Regional Council will make specific decisions pertaining to allocations of this funding once the media campaign from First Things First rolls out.	

IV. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$7,598,625
Expenditure Plan for SFY2010 Allocation	
Strategy 1-Expand Quality First!	\$1,174,300
Strategy 2-Lang./Literacy Coaches	\$78,500
Strategy 3-Prof. Dev. w/college credit	\$584,500
Strategy 4-Expand T.E.A.C.H.	\$675,000
Strategy 5-Nurse home visiting	\$1,600,000
Strategy 6-Increase Infant/Toddler slots	\$1,050,000
Strategy 7-Expand home visiting	\$750,000
Strategy 8-Wage enhancement	\$450,000
Strategy 9-Child Care Mental Health Consult.	\$500,000
Strategy 10-Expand info. in Parent Kits	\$150,000
Strategy 11-Sustain high quality	\$146,000
Strategy 12-Cross-regional Communications	\$200,000
Regional Needs & Assets (if applicable)	\$10,000
Evaluation	\$225,000
Subtotal of Expenditures	\$7,593,300
Fund Balance (undistributed regional allocation in SFY2010)*	\$5,325
Grand Total (Add Subtotal and Fund Balance)	\$7,598,625

*Provide justification for fund balance:

A fund balance has been intentionally built into the budget to provide funding in subsequent years to support the potential growth of several strategies. In order to be able to do this, the Regional Council will anticipate revisiting strategies to allocate additional funds into strategies that are working and maintain a fund balance to supplement the regional allocations for FY11 and FY12. The Central Pima Regional Partnership Council will need to be strategic in FY12 regarding sustainability of strategies in FY13 and possibly seek discretionary funding as well as private and public funding opportunities to support sustaining its goals. Additionally, the Central Pima Regional Partnership Council has determined the need to set aside funds to support additional evaluation for indicators that have been identified as data gaps in the Regional Needs and Assets Report and strategies that are unique to the Regional Council that require evaluation oversight, but may not be included in the state-wide evaluation plan.

Southeast Arizona Regional Councils are partnering in the following areas: Communication, Evaluation and Needs and Asset Reports because the Regional Councils unanimously understand the importance of coordinating these activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$7,598,625	\$7,598,625	\$7,598,625	\$22,795,875
Fund Balance (carry forward from previous SFY)	N/A	\$5,325	\$70,650	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1-Expand Quality First!	\$1,174,300	\$1,174,300	\$1,174,300	\$3,522,900
Strategy 2-Lang./Literacy Coaches	\$78,500	\$78,500	\$78,500	\$235,500
Strategy 3-Prof. Dev. w/college credit	\$584,500	\$584,500	\$584,500	\$1,753,500
Strategy 4-Expand T.E.A.C.H.	\$675,000	\$675,000	\$675,000	\$2,025,000
Strategy 5-Nurse home visiting	\$1,600,000	\$1,600,000	\$1,600,000	\$4,800,000
Strategy 6-Increase Infant/Toddler slots	\$1,050,000	\$1,050,000	\$1,050,000	\$3,150,000
Strategy 7-Expand home visiting	\$750,000	\$750,000	\$750,000	\$2,250,000
Strategy 8-Wage enhancement	\$450,000	\$450,000	\$450,000	\$1,350,000
Strategy 9-Child Care Mental Health Consult.	\$500,000	\$500,000	\$500,000	\$1,500,000
Strategy 10-Expand info. in Parent Kits	\$150,000	\$150,000	\$150,000	\$450,000
Strategy 11-Sustain high quality	\$146,000	\$146,000	\$146,000	\$438,000
Strategy 12-Cross-regional Communications	\$200,000	\$150,000	\$150,000	\$500,000
Regional Needs & Assets	\$10,000	\$0	\$10,000	\$20,000
Evaluation	\$225,000	\$225,000	\$225,000	\$675,000
Subtotal Expenditures	\$7,593,300	\$7,533,300	\$7,543,300	\$21,994,900
Fund Balance* (undistributed regional allocation)	\$5,325	\$70,650	\$125,975	

*Budget Justification: Provide information, as determined necessary, to support rationale for three year expenditure plan and include justification for fund balance.

A fund balance has been intentionally built into the budget to provide funding in subsequent years to support the potential growth of several strategies. In order to be able to do this, the Regional Council will need to revisit the funding plan and possibly allocate additional funding to some strategies in FY11 and FY12. For example, strategies 1 and 4 may require an additional allocation due to the possible long-term participation of pre-existing participants, and because new applicants will be accepted in FY11 and FY12. Additionally, the funding of Strategy 12 has been increased for FY10 due to the initial start-up and coordination required for the first year of enhancing and promoting a communications campaign.

The Regional Needs & Assets has not been funded in FY11 due to the gathering and compiling of data every two years.

The Central Pima Regional Partnership Council will need to be strategic in FY12 regarding sustainability of strategies in FY13 and possibly seek discretionary funding as well as private and public funding to sustain its goals. Moreover, the Central Pima Regional Partnership Council has determined the need to set aside funds to support additional evaluation for indicators that have been identified as data gaps in the Regional Needs and Assets Report and strategies that are unique to the Regional Council that require evaluation oversight, but may not be included in the state-wide evaluation plan.

Southeast Arizona Regional Councils are partnering in the following areas: Communication, Evaluation and Needs and Asset Reports because the Regional Councils unanimously understand the importance of coordinating these activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

VI. Discretionary and Public/Private Funds

The Central Pima Regional Partnership Council's strategy workgroups had preliminary discussions about funding a strategy that involves the strengthening of English language and literacy proficiencies for young children who fluently speak other languages in conjunction with the legislative mandate of English First. The goal the Central Pima Regional Partnership Council has tentatively discussed is to prepare young children entering school by including English competency strategies, such as implementing an evidence-based program and curriculum that is developmentally appropriate and culturally respectful to young children who are learning English within early care and education settings. Approximately \$300,000 has been identified by the Regional Council as the cost for program implementation. No formal decision-making has occurred and this strategy has only been posed in Regional Council discussion as a potential program for discretionary funding.